MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0895571

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war NO

3. (a) FULL NAME John Henry adkins

3. (b) Social Security Number 220-09-1104

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Rosa E. adkins

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 12 — 1868

8. AGE:

Years	Months	Days	If less than one day
71	10	12	hrs. min.

9. Birthplace Berlin Worcester Md (Town, county, and state)

10. Usual occupation Sawyer

11. Industry or business Basket Factory

MOTHER FATHER 12. Name Henry adkins

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs Rosa E. adkins

Address Snow Hill Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug. 26/40 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill Md

18. Funeral director Hearne & Simmons

Address Snow Hill Md

19. 8 24 40 (Date rec'd by registrar) 19 40 LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 19 40, at 12 01 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis L. Riley Dep Med Ex M. D. or other

Address Snow Hill Date signed 8/26/40

RECEIVED
SEP 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-2)

CERTIFICATE OF DEATH

08956

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Church Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie Banks

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	Colored	Widowed

6 (b) Name of husband or wife: Unknown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
About 60			hrs. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Alice Brown,
Address: Church Street, Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-28-40 (month) (day) (year)
Cemetery or crematory: Halls Hill CEMETERY
Location: Pocomoke City, Md.
18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Aug. 28 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 27 1940, at 69 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19, to ~ 19,
and that I last saw h~ alive on ~ 19.

Immediate cause of death	DURATION
Cerebral Debility following removal of gall bladder	unknown
Due to (a) Cause of operation-Unknown-No history could be obtained-C.W.S.R.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley M.D. Med Examr
M. D. or other
Address: Princess Anne, Md. Date signed: 8/27/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

08957

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William Blaylock

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col'd	unknown

6.(b) Name of husband or wife: unknown
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 60 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 6, 1940 (month) (day) (year)
Cemetery or crematory: St Paul's
Location: Berlin Md
18. Funeral director: J. A. Buckingham
Address: Berlin Md.

19. 8-6-40 (Date rec'd by registrar) 1940 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 4 19 40, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Apparently was laying with his head on the Railroad rail, and	
Due to a train cut his head nearly off.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: unknown Date of
Where did injury occur? Berlin (City or town) Worcester (County) Md. (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep Med Ex M. D., or other
Address: Snow Hill Md Date signed 8/7/40

RECEIVED
SEP 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

08958

Reg. Dist. No. 35-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 yrs 1 mo 2 dys

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: James A. Bratten

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Senater Bratten

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): July 24 - 1874

8. AGE:

Years	Months	Days	If less than one day
66	1	2	...hrs. ...min.

9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Isaac Bratten
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Senater Bratten
Address: Snow Hill Md Rural #1

17. Burial, cremation, or removal. Which?: Burial
Date thereof: Aug. 29/40 (month) (day) (year)

Cemetery or crematory: M.E. Wesley

Location: Snow Hill Md

18. Funeral director: Pearre & Dennis

Address: Snow Hill Md

19. 8/28/40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1940, to Aug. 26 1940 and that I last saw him alive on Aug. 24, 1940

Immediate cause of death: Acute parenchymatous nephritis — DURATION: 1 mo.

Due to: Arterio-sclerosis — DURATION: do not know

Due to: Toxemia

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: N. Sherwood Ferris, M.D.
M. D. or other

Address: Snow Hill, Md. Date signed: 8/26/40

RECEIVED
SEP 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

08959

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Hilda B. Burbage

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	—

8.(b) Name of husband or wife: —

8.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 13. 1940

8. AGE: Years | Months: 5 | Days: 16 | If less than one day: hrs. min.

9. Birthplace: md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Charles H. Burbage

13. Birthplace: md.

MOTHER — 14. Maiden name: Hilla M. Timmons

15. Birthplace: md.

16. Informant: Charles H. Burbage

Address: Berlin md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 11 1940 (month) (day) (year)

Cemetery or crematory: Burbage Farm

Location: Berlin md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 8-11- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..., to ..... 19...

and that I last saw her alive on Aug 8 1940

Immediate cause of death: Pulmonary Edema — DURATION

Due to: Bronchial Asthma

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Chas R. Law M. D. or other

Address: Berlin Md. Date signed 8-10-40

RECEIVED
SEP 3 1940
BUREAU V. S.

VS A15 (T) (1) MARGIN RESERVED FOR BINDING (M) (C)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

08960

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Eden RR #1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Near Eden Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. RD #1.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dixie Lee Chatam

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1939

8. AGE: Years | Months 11 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Eden Md. Wicom

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Herman Chatam

13. Birthplace Salisbury Md.

MOTHER

14. Maiden name Ruth Fletcher

15. Birthplace Salisbury Md

16. Informant Herman Chatam

Address Eden Md RR #1

17. Burial (Burial, cremation, or removal, which?) Date thereof Aug. 13-40 (month) (day) (year)

Cemetery or crematory Olivet Cem.

Location New Olivet Church Worcester Co

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Maryland.

19. 8/12/ 1940 LeRoy Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1941, at 1045 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Whooping cough.

I only saw this child professionally a few minutes before it died

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 7 wks

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D. M. D. or other

Address Snow Hill Md. Date signed 8/12/40

RECEIVED
SEP 5 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08961

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war ..... No

3.(a) FULL NAME Kenneth L. Collick (Bale)

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 29 1940

8. AGE: Years ..... Months 4 Days 23 If less than one day ..... hrs. ..... min.

9. Birthplace Snow Hill Worcester Md (Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

FATHER 12. Name Alan L. Collick

13. Birthplace Maryland

MOTHER 14. Maiden name Ada G. Pitts

15. Birthplace Maryland

16. Informant Alan L. Collick

Address Snow Hill Md Rural 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 22 40 (month) (day) (year)

Cemetery or crematory M.E. Wesley

Location Snow Hill Md

18. Funeral director Pearre & Dennis

Address Snow Hill Md

19. 8-24 1940 (Date rec'd by registrar) LeRoy Purnell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1940, at 4:15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/19 1940 to 8/19 1940

and that I last saw him alive on 8/19/40 1940

Immediate cause of death	DURATION
Diarrhoea & Enteritis	8 days
Due to Primary	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE F. S. Wasche M.D. M. D. or other

Address Snow Hill Md Date signed 8/21/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

08962

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Bishop Ville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Bishop Ville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Mary Collins

3. (b) Social Security Number

4. Sex: Female

5. Color or race: col

6.(a) Single, married, widowed, or divorced: unknown

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: unknown | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: unknown
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant: No informant.

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 8/24/40 (month) (day) (year)

Cemetery or crematory: St. Pauls.

Location: Berlin Md

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 8-24- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 21 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on — 19...

Immediate cause of death	DURATION
Drowning	—
Time and Cause	
Due to unknown	
Due to Drowning, unqualified. C.W.G.R. no more obtainable.	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: unknown Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Def Med Ex M. D. or other

Address: Snow Hill Md Date signed: 8/22/40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08963

1. PLACE OF DEATH (157)

County Worcester Registration Dist. No. 351

Village or City Snow Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Costen If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) aug 7 - 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	—	1/2

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. /

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Snow Hill, Md
(State or country)

FATHER

13. NAME Charles Costen

14. BIRTHPLACE (city or town) Snow Hill
(State or country) Md

MOTHER

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) Washington Dist
(State or country)

17. INFORMANT Charles Costen
(Address) Rose St Snow Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Baptist Date Aug 7, 1940

19. UNDERTAKER Charles Costen
(Address) Rose St.

20. FILED 8/7/, 1940 LeRoy Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 7 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That t attended deceasad from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 5 45 m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance were as follows:

	Data of onset
Premature birth	
20 days midewife	

Other Contributary Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accidant, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) LeRoy Smith L. Reg. M. D.

(Address) Snow Hill, Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08964

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. F. D. (Georgetown)

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. (Georgetown)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Moses James Coston

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widowed

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1874

8. AGE:

Years	Months	Days	If less than one day
65	10	26	hrs. min.

9. Birthplace Worcester Co., Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Locust Coston
13. Birthplace Worcester Co., Md.

MOTHER
14. Maiden name Nancey Ginn
15. Birthplace Worcester Co., Md.

16. Informant Annie Brown
Address Atlantic, Va.

17. Burial Date thereof 8 - 12 - 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Georgetown Cemetery

Location Near Pocomoke City, Md.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. Aug 12 1940 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10th 1940, to Aug 9 1940, and that I last saw him alive on Aug 9 1940.

Immediate cause of death

Due to Chronic Myocarditis

Due to

Other conditions Asthma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

D.K.

D.K.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. E. Sartorius MD
M. D. or other

Address Pocomoke City Md. Date signed 8/10/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08965

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Sinepuxent

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME

Margaret Davis

3. (b) Social Security Number

4. Sex: Female

5. Color: Colored

6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 19, 1940

8. AGE: Years | Months | Days | If less than one day: Stillborn hrs. min.

9. Birthplace: Sinepuxent, Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: John Davis

13. Birthplace: Sinepuxent, Md.

MOTHER 14. Maiden name: Virginia Corline Purnell

15. Birthplace: Berlin, Md.

16. Informant:

Address:

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director:

Address:

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 19 19 40, at a.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death: Stillborn — DURATION

Due to: Failure to come for treatments

Due to: the county nurse reports

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Helen F. Hayward M.D. or other

Address: Lot Rd. Date signed:

S.

Sig.

RECEIVED
OCT 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

08966

CERTIFICATE OF DEATH

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 103 William St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Street: Worcester County:
City or town: Berlin Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 103 William St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Edward Davis

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie Pearl Davis

6(c) If wife, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Aug 31, 1880

8. AGE: Years: 59 Months: 11 Days: 17 If less than one day: hrs. min.
60

9. Birthplace: Willards, Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: "

FATHER
12. Name: Mitchell Davis
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rosalee Dennis
15. Birthplace: Maryland

16. Informant: Mrs. Jennie P. Davis
Address: 103 William St. Berlin, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug. 20, 1940
(month) (day) (year)

Cemetery or crematory: Evergreen
Location: Berlin, Md.

18. Funeral director: M. Pasha Watson
Address: Salisbury, Del.

19. 8-18-1940 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18 1940, at 3:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1937, to Aug 18 1940, and that I last saw h[illegible] alive on Aug 18 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 3 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frederick A. Tuttle M.D.
M. D. or other

Address: Berlin, Md. Date signed 8-18-40

RECEIVED
SEP 3 1940
BUREAU V. S.

72

08967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME John F. Davis

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Annie E. Davis

8.(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 25 - 1868

8. AGE: Years 72 | Months 5 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Benjamin Davis
13. Birthplace Maryland

MOTHER
14. Maiden name Jane Farr
15. Birthplace Maryland

16. Informant Mrs Annie E. Davis

Address Snow Hill Md Rural #1

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Aug Sept 1/40
(month) (day) (year)

Cemetery or crematory Bethesda

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 8/30/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1940, at 12 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 8 1940, to Aug 28 1940 and that I last saw him alive on Aug 27 1940

Immediate cause of death Chronic Bright's Disease

DURATION 2 yrs.

Due to

Due to

Other conditions Inguinal hernia cystitis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D.
M. D. or other

Address Snow Hill Md Date signed 8/30/40

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-a)

08973

CERTIFICATE OF DEATH

Reg. Diat. No. 3-2-355

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean city

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Worcester

City or town: Ocean city

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME George b. Dennis (Dennis)

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	—

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 2, 1940

8. AGE: Years — Months: 2 — Days: 13 — If less than one day: ..... hrs. ..... min.

9. Birthplace: md. (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER — 12. Name: Raymond L. Dennis

13. Birthplace: md.

MOTHER — 14. Maiden name: Viola Collins

15. Birthplace: Md.

16. Informant: Raymond L. Dennis

Address: Ocean city

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 16, 1940 (month) (day) (year)

Cemetery or crematory: Stockton md.

Location: stockton md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 8/19— 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 15 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to ..... 19..... and that I last saw h.i.M. alive on July 15 1940

Immediate cause of death: Congenital hydrocephalus — DURATION

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. .....

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Frank R Lewis M.D.

M. D. or other

Address: Willards, Md. Date signed: Aug. 16 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 3 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08968

131-P

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Rural near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 75 Yrs. 5 mo 4dy.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Rural Pocomoke Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Littleton R. Dix

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	married

6 (b) Name of husband or wife: Anne E. Dix

6(c) If alive, give age: 91 years

7. Birth date of deceased (mo., day, yr.): March 8 - 1865

8. AGE: Years	Months	Days	If less than one day
75	5	4	hrs. min.

9. Birthplace: Near Pocomoke, Worcester Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER — 12. Name: Stephen Dix

13. Birthplace: Md.

MOTHER — 14. Maiden name: Myra Gunn

15. Birthplace: Md.

16. Informant: Herman Dix

Address: R.F.D. Pocomoke City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 15 1940 (month) (day) (year)

Cemetery or crematory: Unionville Cemetery

Location: Rural near Pocomoke City

18. Funeral director: Margarette H. Watson

Address: Pocomoke City Md.

19. Aug 14 1940 (Date rec'd by registrar) Anna E. Whittington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Aug 12 1940, and that I last saw h alive on Aug 12 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	Prob'b 1938
Due to Arterio Sclerosis	1938
Due to Chronic Nephritis	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. A. Parker M.D.
M. D. or other

Address: Pocomoke City Date signed: 9/10/40

RECEIVED
SEP 5 1940
BUREAU V. S.

08969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME John Earley

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1875

8. AGE: Years 65 Months 7 Days 0 If less than one day ... hrs. ... min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: Lotion

11. Industry or business: —

FATHER
12. Name: Unknown
13. Birthplace: Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Md

16. Informant: Friend

Address: Berlin Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Aug. 17, 1940 (month) (day) (year)

Cemetery or crematory: St Vauls

Location: Berlin Md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 8-17- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 15 1940, at 3:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Aug 15 1940 and that I last saw him alive on Aug 14 1940

Immediate cause of death: Acute Nephritis — DURATION: 6 weeks

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frederick S. Nicol M.D. M. D. or other

Address: Berlin, Md. Date signed: 8-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

08970

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester

City or town Stockton Rural #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton Rural #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME Jeanette Foulks

213-12-5595

3. (b) Social Security Number Henry Parker Ocean City Md

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 3 — 1918

8. AGE: Years 21 Months 11 Days 23 If less than one day ..... hrs. ..... min.

9. Birthplace Holmes Delaware Pennsylvania
(Town, county, and state)

10. Usual occupation Waitress

11. Industry or business Restaurant

FATHER
12. Name Hubert D. Foulks
13. Birthplace Front Royal Virginia

MOTHER
14. Maiden name Geneva Carter
15. Birthplace Nashville Tennessee

16. Informant Mr. Hubert D. Foulks
Address Stockton Md Rural #1

17. Burial Date thereof Aug. 28/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Presbyterian

Location Stockton Md

18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. Aug 27 1940 Mary M. Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ✓ 19..., to ✓ 19...

and that I last saw h... alive on ✓ 19...

Immediate cause of death Heart failure variety unknown

Due to ✓ No more obtainable. Primary cause: Unknown. C.W.F.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION Instant

Major findings of operations ✓

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med. Exc.
M. D. or other

Address Snow Hill Md Date signed 8/27/40

RECEIVED
SEP 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-C)

08971

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 415

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke city Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dudley Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Bates Hancock

3. (b) Social Security Number 717-09-2784

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Edna Bentley Hancock

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) February 3, 1873

8. AGE: Years 67 | Months 6 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace near Pocomoke, Worcester, Md (Town, county, and state)

10. Usual occupation Retired Railroad Employee

11. Industry or business

FATHER 12. Name George W. Hancock

13. Birthplace Md.

MOTHER 14. Maiden name Annie Bonneville

15. Birthplace Md

16. Informant Mrs. Edna Bentley Hancock

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 21, 1940 (month) (day) (year)

Cemetery or crematory Old School Baptist

Location Snow Hill, Md

18. Funeral director Margarette L. Watson

Address Pocomoke city, Md.

19. Aug. 21 1940 (Date rec'd by registrar) Dave E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10, 1939, to Aug. 19, 1940, and that I last saw h— alive on Aug. 19, 1940.

Immediate cause of death	DURATION
Exhaustion	2 M
Due to Carcinoma of Pancreas	1 Yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Nelson M. D.

Address Pocomoke City, Md Date signed 8-20-40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08972

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Berlin.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John H. Hastings

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
mal	white	widower

6.(b) Name of husband or wife Mary Hastings
dead
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 25 1851

8. AGE: Years	Months	Days	If less than one day
89	5	10	..... hrs. ..... min.

9. Birthplace Berlin. Md
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business

FATHER
12. Name Joshua Hastings
13. Birthplace Berlin. Md

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Fred Hastings
Address Berlin R R # 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 6. 1940 (month) (day) (year)
Cemetery or crematory Episcopal
Location Berlin md.
18. Funeral director J. W. Bunting
Address Berlin md.

19. 8-6- 1940 Helen F Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940 at 7.45 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19..... to ~ 19.....
and that I last saw h ~ alive on ~ 19.....

Immediate cause of death	DURATION
Fractured Skull	
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Aug 4 '40
Where did injury occur? Berlin (City or town) Worcester (County) Md. (State)
Injured at home, farm, industry, public place (where?) State Road
Means of injury Auto accident Injured at work?

23. SIGNATURE Chas L. Riley Dep Med Ex
M. D. or other
Address Snow Hill Md Date signed 8/4/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08974

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Near Whaleyville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Whaleyville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. Hickman

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Eva Hickman

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug 28 1882

8. AGE: Years 57 Months 11 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Bishopsville Md
(Town, county, and state)

10. Usual occupation Farmer and Bus driver

11. Industry or business

FATHER
12. Name Wm Hickman
13. Birthplace Frankford Del.

MOTHER
14. Maiden name Caroline Watson
15. Birthplace Frankford Del

16. Informant Russell Hickman

Address Whaleyville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 18 1940 (month) (day) (year)

Cemetery or crematory Selbyville Del.

Location " "

18. Funeral director M. Pasha Watson

Address Selbyville, Del.

19. 8-17 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1940, at 8 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Fractured skull by being struck by auto.

DURATION —

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Aug 16 40

Where did injury occur? Whaleyville (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) State Highway

Means of injury Struck by auto Injured at work?

23. SIGNATURE John L. Riley Dep Med Ex M. D. or other

Address Snow Hill Md Date signed 8/16/40

RECEIVED
SEP 3 1946
BUREAU V. S.

08975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County: Worcester

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bishop, Md. R.F.D.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 22 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Bishop, R.F.D. Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Lina Davis Hudson.

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: C. H. Hudson.

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 15 1863

8. AGE: Years: 77 Months: / Days: 11 If less than one day: hrs. min.

8. Birthplace: Maryland. (Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: House Keeping

FATHER 12. Name: William Davis

13. Birthplace: Md.

MOTHER 14. Maiden name: Sallie Truitt

15. Birthplace: Md.

16. Informant: Mr. C. H. Hudson

Address: Bishop, Md. R.F.D.

17. Burial (Burial, cremation, or removal? Which?) Date thereof: Aug. 29, 1940 (month) (day) (year)

Cemetery or crematory: St Martins Neck Church

Location: Near Bishopville, Md.

18. Funeral director: M. Pasha Watson

Address: Selbyville, Del.

19. Aug 28 1940 (Date rec'd by registrar) Mr. Roy Berger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 26 (26) 1940, at 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Aug 26 1940, and that I last saw her alive on Aug 26 1940.

Immediate cause of death: acute myocardial Failure

Due to: arteriosclerotic Coronary Disease

Due to: Senility

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: S. M. Berger M.D. M. D. or other

Address: Selbyville Del. Date signed: 8/29/40

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

08976

Reg. Diat. No. 355

1. PLACE OF DEATH:

County Worcester.

City or town Berlin.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester.

City or town Berlin.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Laura Virginia Jarman.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married.

6.(b) Name of husband or wife Howard B. Jarman

6.(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1869.

8. AGE: Years	Months	Days	If less than one day
68 ~~70~~	11	10	..... hrs. ..... min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Isaac J. Melvin.

13. Birthplace Maryland.

MOTHER 14. Maiden name Harriet Diggans

15. Birthplace Maryland.

16. Informant Howard B. Jarman

Address Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/15/40 (month) (day) (year)

Cemetery or crematory Greensboro Cem.

Location Greensboro, Md.

18. Funeral director J. W. Burbage.

Address Berlin, Md.

19. 8-13- (Date rec'd by registrar) 1940 Helen F. Hayward (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 18..... to ..... 19.....

and that I last saw ~~her~~ alive on Aug 12 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

*Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. R. Low M. D. or other

Address Berlin Md. Date signed 8-15-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 29 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

08977

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town near Snow Hill Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill – Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war No.

3. (a) FULL NAME Eric James Johnson

3. (b) Social Security Number None

4. Sex Male

5. Color or race Colored

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Sallie Mary Johnson

6.(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years Unknown Months Days If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Co. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name George Johnson

13. Birthplace Md

MOTHER 14. Maiden name Sarah Herman

15. Birthplace Md

16. Informant Sally Mary Johnson

Address Snow Hill Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 20/40 (month) (day) (year)

Cemetery or crematory M.E. Wesley

Location Snow Hill

18. Funeral director Deane & Dennis

Address Snow Hill Md

19. 8/19/ 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940 at 9 50 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1930 to Aug 14 1940 and that I last saw him alive on August 14 1940

Immediate cause of death	DURATION
Auricular Fibrillation	1939
Due to Chronic Myocarditis	1937
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. S. Waesche M.D. M. D. or other

Address Snow Hill, Md Date signed 8/19/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-7)

CERTIFICATE OF DEATH

08978

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester.
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Berlin.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: Civil

3. (a) FULL NAME James B. Lytle.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower.

6.(b) Name of husband or wife: Catherine Lytle.
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 1, 1845

8. AGE:

Years	Months	Days	If less than one day
94	8	9	____ hrs. ____ min.

9. Birthplace: Ca.
(Town, county, and state)
10. Usual occupation: Retired rural carrier
11. Industry or business

FATHER
12. Name: William Lytle.
13. Birthplace: Pa.

MOTHER
14. Maiden name: unknown.
15. Birthplace

16. Informant: Mrs. Jacob Shaum
Address: Georgetown Del.
17. Burial: (Burial, cremation, or removal. Which?) Burial. Date thereof: 8-13-40 (month) (day) (year)
Cemetery or crematory: Evergreen.
Location: Berlin, Md.
18. Funeral director: J. W. Purnell
Address: Berlin, Md.
19. 8-13-1940 (Date rec'd by registrar) Helen F. Hayward, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 10, 1940, at 6.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____
and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Chr. Nephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Chas. R. Law, M. D. or other
Address: Berlin Md. Date signed: 8-12-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08979

(8)

1. PLACE OF DEATH

County Worcester Co Registration Dist. No. 350

Village or City Pocomoke City Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miller If U. S. Veteran, specify WAR

(a) Residence: No. Pocomoke City Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 24, 1940

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

FATHER

13. NAME Paul Wm Miller

14. BIRTHPLACE (city or town) (State or country) Onancock Va

MOTHER

15. MAIDEN NAME Thelma Pilchard

16. BIRTHPLACE (city or town) (State or country) Tomby Va

17. INFORMANT (Address) Mrs Thelma Miller Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL

Place 705 Clarke Ave Date 8-24, 1940

19. UNDERTAKER (Address) Paul W. Miller Pocomoke City Md

20. FILED Aug 26 24 1940 Anne E. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH D.R. Aug. 24, 1940

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cut bone

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. E. Santorius M. D.

(Address) Pocomoke City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
SEP 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (188)

08980

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill Rural # 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 60 yrs 6 mos 13 days
Stay in this community (yrs., or mos., or days) 60 yrs 6 mos 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Rural # 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 70

3. (a) FULL NAME Charles Raymond Parsons

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Parsons
6(c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.): Aug. 4 1880
8. AGE: Years 60 Months 0 Days 13 If less than one day ____ hrs. ____ min.
9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
FATHER 12. Name: William A. Parsons
13. Birthplace: Maryland
MOTHER 14. Maiden name: Sarah E. Godfrey
15. Birthplace: Maryland
16. Informant: Mrs. Mary E. Parsons
Address: Snow Hill Md Route 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 8 40 (month) (day) (year)
Cemetery or crematory: M. E. Cemetery
Location: Snow Hill Md
18. Funeral director: Hearne & Disharoon
Address: Snow Hill Md
19. 8/8/ 40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940, at 12 o. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 3 1940, to Aug. 17 1940, and that I last saw h[illegible] alive on Aug. 17, 1940

Immediate cause of death: Pulmonary thrombus — DURATION: 2 weeks

Due to: Contusion of left leg where he was kicked by a horse.

Due to:

Other conditions: Toxemia

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Aug. 3, 1940
Where did injury occur? Farm — Worcester, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Farm — Home
Means of injury Horse Kick Injured at work? yes

23. SIGNATURE N. Sherwood Ferris M. D. or other
Address Snow Hill, Md. Date signed 8/12/40

RECEIVED
SEP 5 1940
BUREAU V. S.

VS A15 (T) (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08981

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill, (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill, (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Route 1.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Susie Ethel Smack

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: William Benjamin Smack

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): November 10, 1889

8. AGE: Years: 51 Months: 9 Days: 18 If less than one day: hrs. min.

8. Birthplace: Newark, Worcester, Maryland.
(Town, county, and state)

10. Usual occupation: House wife.

11. Industry or business: Own Home.

FATHER
12. Name: Isaac James Butler.
13. Birthplace: Snow Hill, Md.

MOTHER
14. Maiden name: Charlotte Elizabeth Holland
15. Birthplace: Libertytown, Md.

16. Informant: Raymond S. Smack
Address: Snow Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 30, 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 8/30/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28, 1940, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15, 1939, to August 28 1940 and that I last saw her alive on Aug. 28, 1940

Immediate cause of death: Mitral Regurgitation — DURATION: 6 mos. ago

Due to: Acute Dilatation

Due to: Arterio Sclerosis with High Blood Pressure

Other conditions: Chronic interstitial nephritis — 1 year ago.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: N. Sherwood Ferris M.D.
M. D. or other

Address: Snow Hill, Md. Date signed: 8/28/40

RECEIVED
SEP 5 1940
BUREAU V. S.

08982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92E)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Montgomery Stagg

3. (b) Social Security Number 213-18-5855

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Margaret Stagg

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): August 29-1853

8. AGE: Years 86 | Months 11 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace: Allentown New Jersey (Town, county, and state)

10. Usual occupation: President

11. Industry or business: The Worcester Fertilizer Co.

FATHER
12. Name: Theodore Stagg
13. Birthplace: New York City N. Y.

MOTHER
14. Maiden name: Lucy Cooke Newell
15. Birthplace: Allentown New Jersey

16. Informant: Mrs Margaret Stagg

Address: Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12/40 (month) (day) (year)

Cemetery or crematory: Episcopal Church Yard

Location: Snow Hill Md

18. Funeral director: Hearne + Dennis

Address: Snow Hill Md

19. 8/10 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1940 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ..., to — 19 ...

and that I last saw h — alive on — 19 ...

Immediate cause of death: Mitral regurgitation of heart.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: a few minutes

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep Med Ex M. D. or other

Address: Snow Hill Md Date signed 8/10/40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08983

Reg. Diat. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 67 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Md Rural #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME Cinnie Stevenson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife Robert Stevenson
6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1872

8. AGE: Years 67 | Months 8 | Days 13 | If less than one day ... hrs. ... min.

9. Birthplace Giddletree Worcester Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Isaac Blake
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Robert "Stevenson
Address Snow Hill Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 1 40 (month) (day) (year)

Cemetery or crematory Woolsington
Location Snow Hill Md

18. Funeral director Pearre & Dennis
Address Snow Hill Md

19. 8/30 1940 (Date rec'd by registrar) L E Coy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 25 1940, to August 29 1940 and that I last saw h.er alive on August 28, 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Arterio-Sclerosis with High Blood Pressure	2 yrs. ago
Due to	
Other conditions Hematoma in throat	5 days

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other
Address Snow Hill Md Date signed 8/29/40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

CERTIFICATE OF DEATH

08984

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town near Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No. Purnell St. ext.

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Thomas Purnell Twigg

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Jesse Twigg

6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Dec. 5

8. AGE: Years	Months	Days	If less than one day
52	7	29	hrs. min.

9. Birthplace Snow Hill Worcester Md

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name John L. Twigg

13. Birthplace Maryland

MOTHER 14. Maiden name Amanda E. McCready

15. Birthplace Maryland

16. Informant Mrs Lucy Twigg

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 6, 40 (month) (day) (year)

Cemetery or crematory Pitts Memorial

Location Snow Hill Md

18. Funeral director Pearre & Pearre

Address Snow Hill Md

19. 8/6 1940 LeRoy Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1940, at 12.45a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19 ~ to ~ 19 ~ and that I last saw h ~ alive on ~ 19 ~

Immediate cause of death	DURATION
Fractured Skull	~
Due to Fractured Jaw	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Aug 4 '40

Where did injury occur? near Snow Hill Worcester Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE John L. Riley Dep Med Exam M. D. or other

Address Snow Hill Md Date signed 8/9/40

RECEIVED
SEP 5 1940
BUREAU V. S.

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59-E)

08985

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester

City or town Stockton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war NO

3. (a) FULL NAME Lavinia A. Ward

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Geo. W. Ward

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 14 - 1860

8. AGE: Years 80 Months 7 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace Girdletree Worcester Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name George H. Hill

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Hancock

15. Birthplace Maryland

16. Informant Mr. William O. Hill

Address Stockton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 31/40 (month) (day) (year)

Cemetery or crematory Presbyterian

Location Stockton Md.

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. Aug 30 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940 at 7 15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Heart Failure - Varicity unknown	Instant
Due to	
Due to	
Other conditions Chronic arthritis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exam. M. D. or other

Address Snow Hill Md Date signed 8/30/40

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08986

1. PLACE OF DEATH

County Worcester Registration Dist. No. 354

Village or City Stockton, Md. (Rural) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Waters

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): July 31, 1939

7. AGE: Years 1 | Months — | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Stockton, Md.

FATHER

13. NAME: John Handy Waters,

14. BIRTHPLACE (city or town) (State or country): Girdletree, Md.

MOTHER

15. MAIDEN NAME: Bernice Ward,

16. BIRTHPLACE (city or town) (State or country): Girdletree, Md.

17. INFORMANT (Address): Bernice Ward Waters Stockton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Coal Spring Cemetery Girdletree, Md Date: Aug 7, 1940

19. UNDERTAKER (Address): Irving Bennett Stockton Md

20. FILED: Aug 6, 1940 Mary M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1940, to August 6, 1940 I last saw him alive on July 28, 1940; death is said to have occurred on the date stated above, at 11 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/9/40
Empyema	one day

Other Contributory Causes of importance:

Toxemia	7/16/40

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) M. Sherwood Ferris M. D.

(Address) Snow Hill, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED SEP 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 08987 SS 2355

1. PLACE OF DEATH:

County: Worchester

City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two months 21 days

Hospital, institution, or street address where death occurred: Board Walk

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1200 Camden Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Floy P. Watson

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Lloyd U. Watson

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): March 18, 1883

8. AGE: Years: 57 Months: 5 Days: 13 If less than one day: — hrs. — min.

9. Birthplace: Chincotogue Accomack, Virginia
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER
12. Name: Daniel J. Wheatton
13. Birthplace: Chincotogue, Virginia

MOTHER
14. Maiden name: Annie S. Ryodellote
15. Birthplace: Rocomoke, Maryland

16. Informant: Lloyd U. Watson

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 3, 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Parson's Cemetery, Salisbury

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Maryland.

19. 9-2- 1946 (Date rec'd by registrar) J. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 31 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31 1940, to Aug 31 1940 and that I last saw h[illegible] alive on Dead on my arrival 19

Immediate cause of death: Coronary Thrombosis — DURATION: 10 Minutes

Due to: Physics heart-lesion

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Francis J. Townsend M. D. or other

Address: Ocean City Md Date signed: Aug 31/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 3 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08988

Reg. Dist. No. 353

1. PLACE OF DEATH:
County: Worcester
City or town: Bishopsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days): 5
Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Bishopsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Thomas James Wilkerson

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Della Wilkerson
6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Feb. 14, 1873

8. AGE: Years: 67 | Months: 6 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: W. Salisbury, Md. (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: Tenant

FATHER
12. Name: John Wilkerson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah A. Baker
15. Birthplace: Maryland

18. Informant: Mrs. Della Wilkerson
Address: Bishopsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year): 8/16/40
Cemetery or crematory: I.O.O.F.
Location: Bishopsville, Md.

18. Funeral director: M. Pasha Watson
Address: Selbyville, Del.

19. (Date received by registrar): Aug. 16 1940 Registrar: Mrs. Kay Berry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 15 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1940, to Aug 15 1940, and that I last saw him alive on Aug 15 1940

Immediate cause of death: Dysscarditis — DURATION: 6 mo.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: G. E. James M. D. or other
Address: Selbyville Date signed:

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-7)

CERTIFICATE OF DEATH

08989

Reg. Diat. No.....

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Frank S. Winchester

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Veronica Winchester

6.(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Nov. 30 - 1870

8. AGE: Years 69 | Months 8 | Days 1 | If less than one day ... hrs. ... min.

9. Birthplace Brooklyn (Town, county, and state) King New York

10. Usual occupation Farmer

11. Industry or business Dairy Farm

FATHER 12. Name Frank Winchester

13. Birthplace New York City N. Y.

MOTHER 14. Maiden name Agnes Broundage

15. Birthplace New York City N. Y.

16. Informant Worcester County Welfare Board

Address Snow Hill Md

17. Burial (Burial, cremation, or removal) (Which?) Date thereof Aug. 3/40 (month) (day) (year)

Cemetery or crematory Christian

Location Snow Hill Md

18. Funeral director Harne & Dennis

Address Snow Hill Md

19. 8/3 1940 L. Roy Smith. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1939 to Aug. 1 1940

and that I last saw h[im] alive on Aug. 1 1940

Immediate cause of death	DURATION
Carcinoma of Throat.	one year
Due to Infected teeth which drained into cervical glands.	two years
Due to Dyspepsia and nephritis (Chronic interstitial)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. Sherwood Ferris, M.D.

M. D. or other

Address Snow Hill, Md. Date signed 8/2/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

08990

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke city
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke city Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ellen Yingling

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife John Bates Yingling
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1858

8. AGE: Years	Months	Days	If less than one day
82	4	2	hrs. min.

9. Birthplace Hecla Park, Center, Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Andrew Ammerman
13. Birthplace Pa
MOTHER 14. Maiden name Martha Wilson
15. Birthplace Pa
16. Informant Ruth Yingling
Address Pocomoke city, Md
17. Burial Date thereof Aug 9, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Wildwood Cemetery
Location Williamsport, Pa
18. Funeral director Marguerite H. Watson
Address Pocomoke city, md
19 Aug 6 1940 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1940, at 9:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1940, to Aug 5 1940, and that I last saw her alive on Aug 5 1940.

Immediate cause of death	Chronic Myocarditis	
Due to	Auto Intoxication	
Due to	Constipation Chronic	
Other conditions		

DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide N/A Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. A. Parker M. D.
M. D. or other
Address Pocomoke City Md Date signed 8/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.